



Please note: If you are considering using virtual home visiting at this time, we encourage you to share the TA Brief: *Supporting Families during the COVID-19 Public Health Crisis: Model Guidance for Service Delivery* with stakeholders and funders.

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Supporting Resources

What webinars are available to me for support?

We know that many of you were unable to join the live webinar on March 18th due to capacity. We want to thank you again for your patience as we leaned on Zoom to provide us with the links, knowing they too are overwhelmed by the number of people utilizing their services at one time. A link to the first Virtual Home Visiting training webinar is now located in O.L.I.V.E.R. on the homepage of the Model Implementation Workspace. You also can access the documents referenced in the webinar and the PowerPoint slides in the same space. The live Q&A Webinars are also posted on the homepage of the Model Implementation Workspace.

March 26, 2020 2:00 pm (CST): Virtual Home Visiting Implementation. We will hold an additional webinar focused on program support/model guidance and engagement strategies. Go to the homepage of the Model Implementation Workspace in O.L.I.V.E.R. to register for this live training webinar. (Or, copy and paste this link: https://parentsasteachers.zoom.us/webinar/register/WN_BgOa9oFNTbiWLVmxpX4WKA). The capacity of this webinar is also 500, and we recognize that not everyone who would like to attend will be able to. We will record this webinar as well, and will post the link as soon as we are able to following the webinar.

This webinar will:

- Discuss recommended structural and environmental elements for a virtual visit.
- Identify unique engagement strategies in virtual service delivery.

What resources are available in the Foundational Curricula and O.L.I.V.E.R. that can support parent educators and families during this public health crisis?

Parent educators will find a list of resources that may be useful and/or relevant for parent educators and families during this time in the Foundational Workspace, on the Home page, and under the "News and Updates" Tab. (Copy and paste this link:



https://parentsasteachers.sabacloud.com/Saba/Web_spf/NA3P1PRD0131/app/shared;spf-url=pages%2Fpagelistview%2Fpgcnt000000000003442).

The TA Brief: *Supporting Families during the COVID-19 Public Health Crisis: Model Guidance for Service Delivery* (in the Library within the Model Implementation Workspace) offers more specific guidance around providing virtual service delivery.

I have resources/activities that my program is using to support professionals...Where can I share these?

The COVID-19 health crisis provides us with an unforeseen opportunity to learn from the field and support each other with innovative practices. There are discussions in O.L.I.V.E.R. in the Model Implementation Group that allow for collaboration. (Copy and paste the following link:

https://parentsasteachers.sabacloud.com/Saba/Web_spf/NA3P1PRD0131/app/shared;spf-url=common%2Fmessagehometreeview%2Fforum000000000003208%2Fbbmsg000000000015652).

If you have resources and activities developed that you have permission to share with the field, we have a tab for that! Please submit your resource to your state office, PATNC implementation support specialist, or latonya.hicks@parentsasteachers.org to have it placed on our “Tools from the field” tab.

Will PAT be offering online trainings for new PAT educators so they can start serving families?

We are considering all options at this time as they pertain to Foundational and Model Implementation training.

Beginning Services & Filling out the Survey

Who is the best person for me to check in with regarding questions about delivering virtual services?

- If you are a parent educator, the first person to check in with is your affiliate supervisor.
- If you are an affiliate supervisor and you have a PAT State Office, please check in with them first.



- If you are an affiliate supervisor and you do not have a PAT State Office, please email your question to: customerservice@parentasteachers.org and it will be forwarded to your Parents as Teachers National Center (PATNC) implementation support specialist immediately upon receipt.

Please also continue to check back on these FAQs as they will be updated at least weekly.

Who do I need to contact at the national office for approval to complete virtual visits?

The way to notify PATNC that you plan to utilize virtual service delivery is by completing and submitting the survey accessed through the link provided in the TA Brief: *Supporting Families During the COVID-19 Public Health Crisis: Model Guidance for Service Delivery*. Completing the survey and completing the other requirements listed in the TA Brief is sufficient approval; you will not need to wait for a response from PATNC to begin virtual service delivery. Requirements and recommendations for affiliates using virtual service delivery are described in the TA Brief. This brief is located in the Model Implementation Library held in O.L.I.V.E.R.'s Model Implementation workspace.

Do I have to wait to watch the training webinars before providing virtual visits?

No. You may begin service delivery before watching the webinars. Please watch them as they become available.

Does the survey have to be filled out for phone visits? If our administrator filled out a survey before we were allowed to use phone, does she need to fill another survey out to use both virtual and phone?

If you have sent a survey for your program for the virtual visits already, that gives you permission for the telecommunication as well. You do not have to resubmit another survey.

Is there only one survey per program needed? Or does each Parent Educator need to complete the survey?

One survey for your affiliate is sufficient.



Can phone calls count as personal visits?

There will be instances when neither the family nor the affiliate have the technology or internet connection to conduct IVC, and so phone calls or telecommunication visits are necessary to complete a personal visit.

Telecommunication visits must include: the three areas of emphasis, deliver substantial information and reflection to count as a personal visit. Details of the implementation of telecommunication visits can be found in updates to the TA Brief: *Supporting Families during the COVID-19 Public Health Crisis: Model Guidance for Service Delivery*.

Telecommunication visits “count” as personal visits during this health crisis. Please refrain from adjusting your policies and procedures to include this method of delivery, as this is a temporary measure meant to prevent the exiting of families during this uncertain time.

Getting Signatures/Consent

How will we enroll families during this health crisis?

If the expectation within your agency is to continue to enroll families for PAT services, many of the activities required for intake and enrollment can be initiated through a phone call and completed virtually. However, the parent educator may not be able to obtain a written signature on the *Participation Agreement and Consent for Services* form. Obtaining an electronic signature from participants is optimal, although we understand that this may not be possible. Therefore, verbal consent for services can be documented by the parent educator on the *Participation Agreement and Consent for Services* form, noting the enrolled participant’s name, date, and time. Supervisors should partner with the parent educator to obtain a written signature as soon as it is permissible.

How do we accomplish all the paper work for new enrollments starting with virtual visits? What is a successful way to obtain consent for participation/exchange of information since we are not meeting face to face to obtain these?



We understand that the focus right now is on supporting families, including new families. Many of the activities required for intake and enrollment can be initiated through a phone call and completed virtually.

First, is consent. If you have a way of getting a written signature, that is great. The ideal method would be to use an online document signing software, such as DocuSign. If this is not possible or if there is lag time while DocuSign is being set up, there are a couple of other possible options. Check out the options with your supervisor to see if they are acceptable to your organization. One option is to have the parent/guardian email you a statement giving consent (or acknowledgement that they received a visit if this is required by your program). This email would be printed out and kept with the family file.

Another option is to document a parent/guardian's verbal consent. This would be done by the parent educator writing down on the consent form that they got verbal consent, printing the individual's name, and recording the

date and time of the verbal consent. With either option, the parent educator would need to get the parent/guardian's signature the next time they see them in person. You could also send out the consent form on which you documented verbal consent and ask them to sign and return. Some affiliates have found success with this. It is important that you check with your organization to see which methods are acceptable during the health crisis. As a reminder, before asking for consent, the parent educator must discuss the document fully with the parent/guardian.

If our family has already signed the PAT consent form, do they need to sign an additional consent form for virtual visits?

Unless an additional consent is required by your organization or funder, the PAT consent form that the family previously signed is sufficient to provide services via interactive video conferencing or telecommunications during the health crisis. However, if you plan to record any part of the visit, you need to get specific consent prior to doing so.



Implementation & Fidelity

How will the health crisis influence our affiliate's model fidelity?

Due to the impact of the current health crisis on many affiliate operations, Parents as Teachers National Center will be adapting how model fidelity is assessed this program year.

We recognize that the current health crisis is likely to have a significant impact on service delivery and may contribute to PAT affiliates not meeting one or more of the PAT Essential Requirements (ERs). We want you and your staff to be able to focus on the needs of the families you work with during this difficult time. Therefore, PATNC will adjust how we determine model affiliate status this year. An additional TA Brief will be released shortly outlining the details.

We urge affiliates to not make changes to implementation (i.e. exit families) based on the concern that they will not meet model fidelity or that their Blue Ribbon designation will be compromised. The priority is the health and safety of parent educators and their continued support to families as relationships are not only maintained but continue to grow during this crisis. See the TA Brief: *Model Fidelity and the COVID-19 Health Crisis* for more details.

What if our affiliate is located within a school district or entity that has closed for a period of time, and we are not able to continue services to families?

If your program or organization is going to close or has temporarily closed, but an e-learning approach is being or will be used, we encourage the use of virtual visits to continue services. This will be a conversation to have with your leadership regarding what level of services can be maintained with families. Suspending or discontinuing services is not a circumstance in which to use the hold option, because it is not family initiated. We do not want to unnecessarily exit families either. If you are not permitted to work, then services will need to be suspended; we understand there will be a gap in data collection and documentation.



We recognize that the current health crisis is likely to have a significant impact on service delivery and may contribute to PAT affiliates not meeting one or more of the PAT Essential Requirements (ERs). We want you and your staff to be able to focus on the needs of the families you work with during this difficult time. Therefore, PATNC will adjust how we determine model affiliate status this year. See the TA Brief: *Model Fidelity and the COVID-19 Health Crisis* for more details.

I recall there being a 45 to 60-minute time requirement for visits with one child, is this not true anymore?

We understand that visits may not be able to be sustained for 60 minutes. We encourage you to do your best to engage the family for sufficient time to cover the 3 areas of emphasis, delivery of substantial information, and reflection in order to count as a personal visit.

In the Personal Visits section, the current quality standard states that,

“Personal visits last approximately one hour, or 75 minutes when visiting families with multiple enrolled children.” Due to the unprecedented circumstances of the COVID-19 health crisis, we are responding with flexibility to the needs of families and programs during the crisis.

How does the health crisis affect the April 1, 2020 self-study due date for affiliates currently in the Quality Endorsement and Improvement Process?

We recognize that we are in an unprecedented situation with COVID-19 that is significantly affecting many of your workplaces and organizations. For this reason, we will be extending the due date for the affiliate self-study 30 days- to Friday May 1, 2020. Be assured we are monitoring the national situation and will make additional adjustments if warranted. Affiliates can certainly submit their self-study on the original due date of April 1 or anytime in April as well. Affiliates that already submitted or submit before May 1 need to send their QEIP guide an email to notify them that it is ready for review.



In addition, we have decided to suspend in-depth reviews for affiliates submitting self-studies this spring due to the logistics of submitting family files and conducting staff and supervisor interviews. All affiliates submitting self-studies will receive an administrative review. We know affiliates have put in a great deal of work and effort into their self-study. Please be assured that the administrative reviews involve a very thorough review and analysis of each self-study.

Should parent educators be taking Family File's home?

We want to support you in every way possible as you serve families during this difficult time. However, we cannot advise that Parent Educators bring family files into their homes. If your affiliate does not have access to a data system or remote access to your affiliate's electronic files through a secure connection, you might consider using the Fillable Records available through O.L.I.V.E.R. to document the services you are able to provide during this time. If you do this, we recommend you only use initials for family name and hold off on filling in additional identifiable data. If you do use the fillable records in this way, we recommend you print them out and save them in a protected location, such as a lock box. They should not be saved on a shared computer.

Other components of the model: Screenings, Group Connections, etc.

Group connections and screenings may also be done virtually, with the same considerations as outlined for personal visits. Additional guidance is currently in development.

Technology & Software

Which software should we use for virtual service delivery? Is PAT requiring the virtual options be HIPAA-compliant?

While we do not recommend any particular software over another, we do recommend that you discuss the following considerations when deciding what software is right for you and your program. When choosing a video



conferencing software, one thing to consider is how conveniently and easily parent educators and families will be able to access the software. For instance, does the software have a downloadable app to that can be accessed on mobile devices? Ideally, the software you choose will also provide a screen-sharing feature. Being able to pull up the parent handout you are using during a visit and share your screen with the family is helpful. Each software (or app) will come with its own settings and available support features.

It is also important to consider the security and safety of the technology that is being used to connect with families. Privacy and confidentiality are critical--both during the interactions, and within the technology that you choose to use. There is a range to the level of privacy and security that different software and services offer--from no privacy assurances, to fully HIPAA-compliant services. While Parents as Teachers does not recommend using any particular video conferencing software over another, we are providing a list of options to consider below. You can find additional suggestions in the Health and Human Services link below.

What are HIPAA-compliant video conferencing software/platforms to consider?

While Parents as Teachers does not recommend using any particular video conferencing software over another, we are providing a list of options to consider below. You can find additional suggestions in the Health and

Human Services link below. PAT does however recommend avoiding certain video conferencing services due to privacy issues.

There are some readily-available, public facing and free video conferencing services that **should not be used** as the basis for delivery of private services. These include: Facebook Live, Twitch, and similar applications.

Free video conferencing services that provide **some privacy** include: Apple FaceTime, CISCO Webex Meetings, BlueJeans.com, Facebook Messenger video chat, Free Conference, Google Hangouts, Google Duo, GoTo Meeting, Jitsi.org, Lifesize.com, Skype, Zoom Meetings-40 minutes, and others.



Fee-based video conferencing services that provide **some privacy** include: Go To Meeting, SKYPE, Webex Meetings

Fee-based video conferencing services that provide **HIPAA-compliance, privacy, security, and encryption** include: Doxy.me, SimplePractice, Zoom, VSee

For more information on the use of telehealth and the use of popular platforms for service delivery:

Health and Human Services (HHS) and the Office of Civil Rights (OCR) relaxing HIPAA standards (<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>)

The 6 best HIPAA-compliant software products for growing practices (<https://www.jotform.com/blog/best-hipaa-compliant-software-products/>)

**Parents as Teachers @ USC Telehealth affiliate used the fee-based Zoom video conferencing services with success.*

What if our program does not have funding to subscribe to an interactive video conferencing platform; Zoom, WebEx, Go to Meeting, etc.?

Programs who must follow HIPAA regulations and/or must use a secure, encrypted video-conferencing software will require a monthly subscription. One benefit of virtual home visiting is that the cost of video conferencing software can potentially be offset by your agency's reduced mileage costs. This is one benefit to remote work to discuss when consulting with your funder.

My video conferencing platform had limited time blocks for meetings. Can I do 30 or 45-minute sessions?



Similar to on-ground visits, a personal home visit doesn't require a specific time frame. If you cover all three components of a personal visit during interactive video conference the visit will count as a visit with a family.

If your video-conferencing platform has a time limit, and you have not been able to complete all components of the visit in the time allowed, you can hang up and reschedule a call with the family immediately in order to continue to visit. As you anticipate time limits through the platform you are using, you can communicate with families before the visit about how to negotiate the time limit, and whether or not calling back after the meeting ends is a good option.

Getting Materials to Families

What is the best way to get parent handouts to parents if we are able to do telephone or video visits?

You can email PDFs of parent handouts or activities to parents prior to IVC or telephone virtual visits. Texting parents the handouts, or taking screenshots of handouts or activity pages is another way to get materials to families virtually.

How do parent educators email handouts from the curriculum?

For parent handouts, you can choose PDF in your printing options and it will prompt you to save to a file. You can email the saved PDF file from there.

For more detailed instructions, see the document: "How to Print and Email from the Online Curricula" on the Foundational (P-3) page in the Foundational Workspace on O.L.I.V.E.R., or copy and paste this link:
https://parentsasteachers.sabacloud.com/Saba/Web_spf/NA3P1PRD0131/app/shared;spf-url=common%2Fresources%2Fresourcedetail%2Fsimrs0000000000003197

How do we get materials to the family for the activity during the visit?



During virtual personal visits, parent educators will find that they need to rely heavily on their coaching skills, as they are not physically in the same room with the family. It can be beneficial to the home visitor to have similar items available in his/ her environment as the family has in theirs, such as books, blocks, or toys that might be referenced during the visit. These will support parent educators as they coach the family through portions of the visit, such as parent-child interaction. Most parent-child activities can be supported by items found in the family's home. Choose activity pages accordingly.

Holds

Can a hold be used when a family requests a temporary pause in services?

A hold can only be used when a family requests that visits stop for a temporary period of time. It cannot be used due to the unavailability of a parent educator. If a family requests that the parent educator not visit in person due to COVID-19 and does not want or is unable to have virtual visits (via IVC or telecommunication), the reason for the hold period should be illness. The hold option guidance states that families can request a hold in services for up to a six-month period. If this crisis period extends past six months, we will address and release updated guidance for this option.

If families prefer not to participate, can we place on a hold if approved by the family? Do we put families on hold if they do not wish to do virtual visits?

If the family requests to stop services due to the health crisis, you can place them on hold using the reason of illness. If the family would like to do virtual or phone visits but your affiliate is unable to provide them, you would not place them on hold. This will not affect model fidelity this upcoming year as outlined in the *Model Fidelity and the COVID-19 Health Crisis* TA Brief.

If a family declines virtual visits or telecommunication visits due to data or minute limits or if a family doesn't have phone or data, should they be put on hold?

If the family declines virtual visits, you can put them on hold. The hold needs to be based on family request.